

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, DECEMBER 22, 1883.

Original.

FISTULA IN ANO.

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The article entitled "New Mode of Treatment of Fistula in Ano," by John Roche, M. D., Kingstown, which was kindly sent to me, deserves more than a passing notice. The mode, in the language of the author, is as follows:

But this will be universally acceded to, that if the feces could be taken away by a large catheter retained in the rectum, or passed up above the internal sphincter as evacuation would be required, the practice would have been resorted to most assuredly, ere this time, from the analogy that would suggest itself between complete fistula in ano and perineal fistula, urethral or vesical. Now, to bring fistula in ano and its circumstances as near as possible to those of the urethra would be a rational demand on the surgeon. Well, pondering on this, for the first cases that presented themselves I advised that the bowels should be kept gently open by sulphur and senna-electuary, a teaspoonful every night, thus keeping the contents semi-fluid, so that they might pass easily and quickly through the end of the gut, and in imitation of the action of the catheter elsewhere. I enjoined that, at each stool the patient should throw into the bowel some tepid water in which was a little soap dissolved, and, when the sitting was completed, that the end of the bowel should be well washed with the same fluid.

I have long since learned that men do not believe all they write. It would be doing this author justice, I imagine, to say that he belongs to this class. He is a retired surgeon, Bombay medical service, and acting professor of anatomy at Bombay, civil surgeon, Hyderabad, Scinde. That any surgeon, or any acting professor of anatomy, be he of Bombay or of Central Africa, can believe such things as to the treatment of

fistula in ano as are here written, I *do not* believe.

The author remarks:

I was frequently impressed, while a student, with the annoyance which attends the complaint and the unsatisfactory results which accompany its treatment. Injections of solutions of tr. of iodine, of sulph. zinc, and of nitrate of silver, have more often failed than been successful in effecting a cure. Cutting the sphincter has, in fact, been the resource of all surgeons, and the operation has been recommended almost universally.

Injections of all such solutions as are here named were long ago condemned by the profession, and are to-day obsolete. Hence any reference to them can play no part in this article. That the complaint is annoying no one will dispute, but that the results which accompany the treatment are unsatisfactory, I deny. Uncomplicated cases of fistula in ano yield more satisfactorily to surgical treatment than almost any other affection demanding surgical interference. I am borne out in this assertion by every author who has written upon the subject. That the injections referred to have failed to cure the disease, is due to the fact that the pathology of the trouble has not been considered. For the same reason will this new mode (?) of treatment not avail. *It is true*, that dividing the sphincter has, in fact, been the resource of all surgeons, and the operation has been almost universally recommended. The reason for this is that the procedure is based upon sound pathological facts, and can not be controverted.

Following the operation, says the author, I have seen severe hemorrhage from the superficial hemorrhoidal vessels, and I saw a man throw himself off the operating table, as the pain was so intense and the parts cut so sensitive. The inconvenience of giving anesthetics is well recognized.

After an experience of operating over one hundred times for fistula in ano, I have not found it necessary to ligate a vessel but once. It is true that hemorrhage is

sometimes severe, but seldom is it dangerous. Granting that it is excessive, is a surgeon to neglect his duty because, forsooth, he may cut a blood-vessel? The author says he saw a man throw himself off the table. Well, the patient was very, very naughty, or the surgeon was derelict in his duty, in that he did not administer chloroform. But, says the author, "The inconvenience of giving anesthetics is well recognized." Not so in America. It is quite convenient, but the danger of so doing is quite another thing. As he has not touched upon this point, however, we shall be excused from mentioning it.

It occurred to me that the laying open of the fistula into the gut and cutting the sphincter, is a painful, unsatisfactory, and in most instances an unnecessary operation. I have never heard it advocated that in perineal fistula from the urethra, or from the bladder, the accelerator urinæ muscle, or the sphincter vesicæ, in these respective cases, was any impediment to healing.

That the cutting of the sphincter muscle is painful I don't suppose any one will deny. So too is the cutting of a bone-felon, or the lancing of a boil. Nevertheless it is often necessary. To the assertion that the operation is unsatisfactory, and in many instances unnecessary, every surgeon outside of Bombay will take issue. What the analogy is between a case of perineal fistula and fistula in ano I fail to see. Look to the pathology of the two. Fistula in ano is the result of an ulcer which has established itself in the region of the anus as a result of ordinary causes, as for example, the lodgment of a fish-bone, etc. An abscess supervenes and a sinus is established. Now, if this state of things were to exist in any other region (as it often does), by the removal of the cause the disease gets well. Not so here, however. The sinus refuses to heal, going on to a state of *can a lisés*, as the French would say. The walls are hard, cartilage-like, and this condition extends to the tissues around. The small vessels in the parts can not contract. From time immemorial the question has been asked, why do these sinuses refuse to heal? The question is easily answered when the pathology is understood. It is, as Van Buren says, because of the *restless sphincter muscle*. Note its expansion and contraction at every effort at stool. How are you to overcome this restlessness? There can be but one answer, viz., divide the sphincter. It is *not* painful (under chloroform), it is *not* barbarous, it is *not* unnecessary. Will the washing out of the lower bowel, or the

wearing of a "tin horn" in the anus accomplish this?

As to *urinary* fistula, they are usually the result of a *stricture* in the urethra. The writer says:

The whole attention and confident hope of the surgeon are directed to prevent the irritating excretion, the urine, passing and lodging about the passages.

Just so. But how is this accomplished? First, by doing away with the *cause*, the stricture, by dilatation; unless this be done there can be no possible chance for a cure of the fistula. Suppose then that the cause of fistula in ano is stricture of the bowel, how are we to proceed? Do away with the *stricture*. But suppose the stricture is due to cancer, or syphilitic deposit, will washing out the bowel or the "tin tube" accomplish a cure? I opine not. Then, again, what is to be done with those cases of *external* fistula, that have no *internal* opening, no feces can get into them. Above all, the surgeon recognizes that the *chief* impediment to the healing process is the hard, cartilage-like condition of the walls of the sinus. I bespeak the sentiments of every one at all familiar with the disease, when I say that in the majority of cases, nothing less than the *division* of the sphincter *and of the walls* can effect a cure. The new mode may be practiced by the acting professor of anatomy at Bombay, civil surgeon, Hyderabad, Scinde, but that it will ever obtain in the United States, I do not believe.

LOUISVILLE.

Miscellany.

THE GENTLE JOURNALIST.—Dr. John J. Mulheron, editor of the Medical Age, of Detroit, thus pays his last tribute of disrespect to the late editor of the Louisville Medical Herald: "That excrescence on reputable journalism in this country, Dudley S. Reynolds, of the Louisville Medical Herald, has finally sloughed off, and he graces (?) the columns of the Louisville Medical Herald with his valedictory. He closes a column of his characteristic bathos with the following: 'Patrons, friends, brethren, adieu! May the God of destiny guide us aright, and giving us courage of our convictions, endow us with the power to give them adequate expression.' This sounds a little like his infliction on his readers on the eve of his last marriage. There never was

any excuse for this creature's presence in the ranks, and that he has been forced through circumstances to retire, is but another instance of poetic justice. He asks his worst enemies (and he is sure he has some) to give him credit for having been entirely independent. His independence has been the independence of the bully, and without a single redeeming feature. We trust the Medical Herald may now be committed to reputable hands."

In times past Dr. M. and Dr. R. were wont to write hardly of one another. Though no longer editor of the Herald, Dr. Reynolds is not dead nor sleeping, and we opine that he will make himself heard in reply, in the Herald, since he is neither idle nor timid with his pen, and the publishers of the Herald say in its latest issue, "Dr. Reynolds has long been known favorably to the profession as an editor, and in retiring from the editorial chair, does not intend to sink into oblivion as a medical writer, but, on the contrary, will still continue as a frequent and valuable contributor to the pages of this journal. We hope and trust our readers will, in the future as in the past, be still instructed and edified by the productions of his pen."

ON PERSONAL PRECAUTIONS THAT MAY BE ADOPTED BY MEDICAL MEN WHILE ATTENDING CASES OF INFECTIOUS DISEASE. Dr. Charles Green makes these suggestions in the Lancet. We hope the outside world may not see them. We might lose some of our best patients by death from justifiable excessive laughter. Dr. Green is outrageously absurd:

1. Always have the window opened before entering the patient's room or ward.
2. Never stand between the patient and the fire, but always between him and the open window.
3. If possible, change your coat before entering the room.
4. Do not go in for unnecessary auscultation or other physical examination.
5. Stay as short time as possible in the room.
6. Never, while in the room, swallow any saliva.
7. After leaving the sick-room, wash the hands with water containing an antiseptic.
8. Rinse the mouth with diluted "toilet Sanitas" or Condy's fluid, also gargle the throat with it, and bathe the eyes, mouth and nostrils.
9. Expectorate and blow the nose immediately on leaving the sick-room.

10. Keep up the general health by good food, exercise, and temperance.

11. In addition to the above recommendations, which are all pretty generally known, I would suggest another, which is, in my opinion, the most important of all. This is to filter all the air you breathe while in the sick-room or ward through an antiseptic medium. My method is to use a McKenzie's inhaler over the nose and mouth. I carefully soak the sponge in a strong solution of carbolic acid before entering the sick-room. It is so made that all the air breathed must necessarily come through this sponge, and the expired air is emitted by a valve action at another place. The only objection is the unsightly appearance one has with the inhaler. This objection is, however, a very slight one.

A REMOTE DANGER OF ELECTRIC LIGHTING.—The English medical journals have recently noticed the constant menace to life and health offered by the net-work of telegraphic, telephonic, and other electro-phoric wires overhead in the streets; public attention having been pointedly directed to the danger by an accident occasioned by the breaking of a wire, which in its fall seriously injured a lady.

In a New York journal (*The Nation*, November 29) is an account of an accident that might easily have been even more disastrous in its consequences. On one of the avenues, a few evenings since, one of the heavy insulated wires belonging to the electric light system, by some means fell to the ground across the roadway. A horse stepping upon it, there was a momentary flash of light, the horse fell dead, and all the lights on the avenue were extinguished. The account goes on to say that a second horse trod upon the broken wire, and he also fell dead. The streets were cleared by the police, and the wire was soon repaired. The possibility of such an accident happening to a pedestrian is a strong argument in favor of the underground system of conducting the wires; more especially since the experiments upon it in this city, not long ago, fully demonstrated the practicability of this method, which is now being introduced in our principal streets.—*Medical Times*.

ENGLISH STUDENTS.—A correspondent of the St. Louis Courier of Medicine writes from London: All of the London schools opened in October, with a greater number of students than ever before. Saint

Batholomew has the largest number, probably six hundred; Saint Thomas's and Guy's have each about four hundred students.

As a general thing the term was opened by a lecture, not necessarily from a member of the faculty, but as a rule from some one outside the regular teaching corps. I was at the opening lecture at St. Thomas's Hospital by Mr. F. Le Gross Clark, F.R.S., who was at one time connected with the hospital. There was really nothing very original about the lecture, being all couched under the idea of "good advice to students." I could not but notice the conduct of the students. To say it was disgraceful would not half express it. It was either cheering or hissing, or yelling, or stamping, all the time, and quite often a combination of the whole. They called themselves "gentlemen," I suppose, but "rowdies" would be much nearer to the true character. Guy's opened in the evening with a *conversazione*, because—as I afterward found out—the attendants at the opening lectures had become so outrageously noisy and disgraceful that at the last one the lecturer and those on the platform with him were absolutely driven out of the hall.

DANGERS OF PHOTOGRAPHY.—Dr. Napias (*Gaz. Med. de Paris*) gives an account of an amblyopia and a form of cramp, similar to writer's cramp, which happen to those engaged in the preparation of photographic plates. These observations are confirmed by MM. Duchesne and Meichel, who furnish new facts.

There may occur poisoning by the vapor of hydrocyanic acid, which is formed by the decomposition of cyanide of potassium by bichromate of potassium. Nervous phenomena may result from the breathing of an atmosphere in a dark room without oxygen, this necessary element being taken up by pyrogallol acid when in contact with the alkali, ammonia. If to this loss of oxygen be added the vapor of ammonia, it is not surprising that such an atmosphere must, if long breathed, damage the blood, and cause a more or less profound anemia with its attendant symptoms.

In the preparation of the plates by the gelatine-bromide-of-silver process, every ray of sunlight must be excluded, and the operator pursue his work by the aid of a feeble illumination afforded by the red-ray lantern. Besides the foul air thus caused, the narrow and gloomy apartment is filled with the vapor of ether. Unless great care in the

ventilation is practiced, the necessary detention in the dark-room proves very hurtful. *Medical News.*

THE USEFUL BUT SINFUL CYPRIAN.—Mr. Lecky, in his "History of European Morals," writing of the causes of prostitution, says: "Under these circumstances, there has arisen in society a figure which is certainly the most mournful, and in some respects the most awful, upon which the eye of the moralist can dwell. That unhappy being whose very name is a shame to speak; who counterfeits with a cold heart the transports of affection, and submits herself as the passive instrument of lust; who is scorned and insulted as the vilest of her sex, and doomed for the most part to disease and abject wretchedness and an early death, appears in every age as the perpetual symbol of the degradation and the sinfulness of man. Herself the supreme type of vice, she is ultimately the most efficient guardian of virtue. But for her, the unchallenged purity of countless happy homes would be polluted, and not a few who, in the pride of their untempted chastity, think of her with an indignant shudder, would have known the agony of remorse and of despair. On that one degraded and ignoble form are concentrated the passions that might have filled the world with shame. She remains, while civilizations rise and fall, the eternal priestess of humanity, blasted for the sins of the people."

COLORLESS IODINE.—Dr. Percy Boulton says, in the *Lancet*: Put into an open vessel a dram of tincture of iodine and six ounces of hot water; add twelve grains of phenol and stir with a glass rod, when the solution will be at once bleached. Hot water is necessary, as phenol is not perfectly soluble in cold, and for this reason I do not advise the making of more concentrated solutions. It is possible that they could be made by heating a strong preparation of iodine, but the above is what I advise for gargles, nasal douches, vaginal injections, and the many uses of an admirable antiseptic. As it greatly removes local hyperesthesia, it is most valuable in such conditions as acute tonsillitis, and is certainly, in my opinion, more efficacious than iodine alone.

[Colorless tincture of iodine has been used for years hereabouts. We employ it chiefly on females, and about the face, neck, etc.]

THE DUKE OF CAMBRIDGE ON CHARITY.—The Duke of Cambridge has sounded a thoroughly sensible and much-needed note, in opening a soup-kitchen, to the effect that we must not be hindered in relieving people less fortunate and comfortable than ourselves, because occasionally our charity will be abused by the undeserving. He thought it was better to err a little in the wrong direction than not to do good to those who were in want from no fault of their own. We heartily indorse the remarks of His Royal Highness. When it is so much the fashion to apply a microscope to the merits of the applicants for charity, richer people might well question how many of their mercies they owe to their own merit. (*Lancet*.)

AN OLD DEFINITION OF THE MEANING OF "DOCTOR."—A. Creswell Rich, writes to *The British Medical Journal*: The following epigram appears at the end of the preface to *The Practice of Physick*, by Lazarus Riverius. From my study at Montpelier, July 1, 1653. It is signed "W. R."

"Doctors, or Teachers, they of Physick are
(Whether by Pen they do it, or in Chair,
With lively Voyce), that teach the way to know
Man's Nature, Health, and Sickness, and do show
Diseases, Cause, and Cure. But they who spend
Their Life in Visits, and whose Labors end
In taking Fees, and giving Paper-scrOWls,
FACTORS of Physick are; and none but OWls
Do count such Doctors, that no Latin know,
From whence that Name did to our Language flow.
W. R., Doctor, and Factor of Physick."

TWO POUNDS OF TAPEWORMS.—M. Paul Agniel reports, in the *Semaine Medicale*, the case of a man, twenty-four years of age, who had never been ill, and whose appetite had always been good, who at intervals of a week had noticed the expulsion of segments of tapeworm. After preparation, an infusion of eighty grams of pomegranate-rind was administered, followed by castor-oil. This brought away an enormous mass of tapeworm, which was found upon examination to consist of eleven worms, with their heads as shown by the hooplets. The mass weighed one kilogram, and the combined length of the different worms amounted to 34.50 meters.—*Med. Record*.

A BAKED BEAN CAUSES DEATH.—Baked beans will hereafter be regarded with suspicion. This succulent and nutritive edible, for ages so popular in New England, has caused the death of a man at Lynn named

Wallace Cobb. He died recently, and it was supposed that death was caused by an accident, but a post-mortem examination reveals the cause to be a hard-baked bean, which lodged in the appendix vermiformis, situated in the right iliac fossa, on the lower right-hand corner of the abdomen. Inflammation followed, and finally caused death.

RULE FOR REDUCING DISLOCATIONS OF THE HIP-JOINT.—Having flexed the leg on the thigh, and the thigh on the pelvis, slowly rotate the limb as far as possible, inward or outward, according as the toes pointed in or out before beginning the manipulation: then rapidly and forcibly rotate the limb in the opposite direction, and the head of the femur will usually slip into the acetabulum.

For example: In the iliac and the sciatic dislocations, the toes point inward; therefore, rotate inward as far as possible, and afterward rotate outward. In the pubic and thyroid dislocations the toes point outward, hence rotate the limb outward still more, and then inward.

RENDERING RUBBER GAS TUBING ODORLESS.—The Mohrsch-Schleisher *Gewerhalle* recommends, for deodorizing rubber gas tubing, that equal volumes of thirty-six per cent alcohol and good linseed oil be shaken to form a homogeneous mixture, and the moderately stretched tube rubbed with a small rag, on which has been dropped a little of the mixture, until quite dry. The operation is to be repeated three or four times at intervals of a few days. The flexibility or color of the tube is said not to be impaired, while the rubber is rendered gas-tight.

TURPENTINE IN HEMORRHAGIC SMALL-POX.—Hemorrhagic smallpox is so fatal that any remedy which appears to have been successful is worth recording. (*Birmingham Medical Review*.) Dr. Jenua, of Buenos Ayres, has successfully treated three cases by means of turpentine, in doses of one to two drams in twenty-four hours. The drug should be given suspended in mucilage and flavored with fruit syrup.

THE twenty fifth semi-annual meeting of the Mitchell District Medical Society will be held at Seymour, Ind., on Thursday and Friday, December 27th and 28th. This efficient organization presents a rich programme, with the promise of an unusually interesting and profitable session.

The Louisville Medical News.

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LUNSFORD P. YANDELL, M.D., - - }
H. A. COTTELL, M.D., - - - - - } Editors.

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CHRISTMAS.

Since this issue of the News will reach by far the greater number of our readers on or before Christmas eve, it is fitting that it shall carry our Christmas greeting, with such reflections as may be suggested by the return of that day which marks the anniversary of the crowning event of all history.

Let science modify as she may our belief in miracles and traditions; let theology vary her colors to suit the ever-changing tints of thought which brighten and fade with every passing generation; let the faith of our fathers give place to more enlightened forms of belief, still will the wise men, like their kinsmen of old, ever view with wistful eyes the one bright star, and, following where it leads, offer their treasures of gold, frankincense, and myrrh, while they bend with shepherds and with angels in humble worship to the Babe of Bethlehem.

For, strip it as we may of every supernatural adornment, the birth of Jesus Christ did and does mean "Glory to God in the highest, and on earth peace, good will to men." The sublime achievements of our modern civilization sound out the true *Gloria in excelsis*, while the principles of love which he taught, in words such as never man spake,

and illustrated through his beautiful life, are, to-day, "on earth peace, good will to men," and shall be to the end of time.

"Where there are three doctors, there are two atheists" is the saying of some classical cynic. That the statement is false, let the lives of nine tenths of our profession attest. Have not doctors ever been prime movers in the Christian charities, establishing hospitals, asylums, and orphanages; and is it not by their unwearied labors and fostering care that these institutions are made in the fullest sense a blessing to suffering humanity? Who is it that willingly denies himself of pleasure, comfort, and rest, knowing neither day nor night, scorning the fear of contagion, braving the storms of winter, and shrinking not at the summer's heat, that he may answer the call of the stricken ones? Is it not the doctor? And who will say, on noting the financial status of the profession, that the laborer is not worthy above his hire, or hint that greed of gain or love of fame is the prime motive of his endeavors? * In spite of controversies and jealousies, in spite of many imperfections and slips that prove him to be but human, it will be found that love is the ruling spirit of his life; love for his little household, it may be, but through this for all mankind. A love which might otherwise be felt, 'tis true—but which stands revealed in its full beauty only under the light of the stainless life of Him whom Christmas celebrates.

This, with an unshaken faith in the Giver of all Good, gives him heart to follow a life of unremitting toil and sacrifice, and to survey with philosophic calm that "ill-matched pair, old age and want," in which the physician so often becomes a senior partner.

Brethren of the guild, a merry Christmas to you all! Whether in the quiet circle of your homes, by the bed of suffering, or pushing your way through cold and storm at the call of duty, may love mingle your cup of joy, give you comfort in the hour of trial or courage to pursue your difficult path; and gently as silken curtains drawn by a moth-

er's hand about the couch of her sleeping child, may the shadows of Christmas eve close around you, and the light of Christmas morning break in upon you with the blessing of peace and the fruition of happiness.

EXCELLENT DRUGGISTS.—In our advertising columns will be found Vincent Davis & Co.'s card. They have just received a supply of kairin, the new antipyretic which is being used in malarial, scarlet, typhoid, and other fevers. Read their advertisement.

Bibliography.

The Pathology, Diagnosis, and Treatment of the Diseases of Women. By GRAILY HEWITT, M.D., Lond., F.R.C.P., Professor of Midwifery and Diseases of Women, University College, and Obstetric Physician to the Hospital, etc. A new American from the fourth revised and enlarged London edition. Edited with notes and additions. By HARRY MARION-SIMS, M.D. Vols. 1 and 2. (Price \$2.25 per volume.) New York: Bermingham & Co. 1883.

This master work of the most eminent of foreign gynecologists, edited and annotated by the younger Marion-Sims, is one of the most important publications of the year, and in its present form, gives to the student well nigh the sum total of what is known and taught in this department of medicine.

Though America is unquestionably the birth-place of gynecology, and can to-day lay claim to the most eminent practitioners and teachers in this branch of medicine, the high rank of Dr. Hewitt is conceded by all, while the peculiar advantages of his position as professor in the London University College, and the immense clinical resources of its hospital, enable him to make his writings full, strong, and authoritative. Among the distinctive features of the work may be mentioned the doctrine that "changes in the shape and position of the uterus are directly or indirectly responsible for the sufferings and discomforts attendant on the affections peculiar to the female sex;" that "chronic starvation" is the most common cause of these changes, they being rarely witnessed in women who have not seriously impaired their general strength by a systematic and often prolonged practice of taking little food; that pregnancy-vomiting

is a neurosis, depending upon some form of uterine distortion, and that it is curable by appropriate mechanical treatment; and finally that hysteria in all its forms is a uterine reflex symptom, having invariably as its cause either flexion or malposition.

A great many facts, drawn from a large number of observations, are brought forward by the author as proof of these conclusions.

The illustrations are many and of excellent character, the life-size wood-cuts which figure uterine displacements being especially noteworthy.

The editor, who bids fair to rival paternal fame, has made many judicious additions to the text, thus adapting it to the especial needs of the American student and practitioner.

A Practical Manual of the Diseases of Children, with a Formulary. By EDWARD ELLIS, M.D., late Senior Physician to the Victoria Hospital for Sick Children, etc. Fourth edition, revised and enlarged. (Price, \$1.00.) New York: Bermingham & Co. 1882.

This is an eminently practical work, written by a busy practitioner for the one purpose of serving the needs of those whose work gives them but little time for book study.

By issuing it in compact form and at a low price, the publishers have done much to popularize in this country a valuable English book.

A Manual of Practical Hygiene. By EDMUND A. PARKES, M.D., F.R.S., late Professor of Military Hygiene in the Army Medical School, etc. Edited by F. S. B. FRANÇOIS DE CHAUMONT, M.D., F.R.S., Fellow of the Royal College of Surgeons of Edinburgh, Professor of Military Hygiene in the Army Medical School, etc. Sixth edition with an appendix, giving the American practice in matters relating to Hygiene, prepared by and under the supervision of Frederick N. Owen, Civil and Sanitary Engineer. Vol. I. (Library of Standard Medical Authors for 1883.) New York: William Wood & Co. 1883.

The publication of this classic work in a cheap and popular form can not but give impetus to the study of hygiene. The book is too well known to require extended comment. It will suffice to say that its eminent editor has brought it abreast with the scientific teachings of the day, and that with the American features given it by Mr. Owen, the student will find in it a full survey of the practical side of the great subject with which it deals.

Correspondence.

THE RELATION OF BELOING TO DERANGED DIGESTION.

Editors Louisville Medical News:

I send you the following synopsis of a paper which I read before the Kentucky State Medical Society at its 27th annual meeting, held in Frankfort, April, 1878.

This synopsis was made several years ago for publication in the NEWS, but was mislaid and not found until a few days ago. Believing that some of the points made in the paper may not be without interest to your readers, I take the liberty, though late, of sending it.

Belching, when confined to narrow limits, is natural. The belching habit is unnatural and pernicious, it weakens the muscular tone of the cardia, renders it patulous, and allows gas and food to be ejected upon slight contractions of the stomach. A long series of observations leads me to believe that belching is oftener the cause than the result of deranged digestion, especially in irritable, sensitive individuals who, becoming impressed with a sense of fullness, feel that they must have relief; and, if it be not convenient for them to urinate or defecate, they compromise on an eructation, and soon become confirmed belchers, much to the detriment of the digestive process. The harmony existing between the cardia, sphincter fibers of the pyloric valve, and the body of the stomach must be maintained to insure strictly physiological results. Gas liberated during digestion serves a purpose not dissimilar in its office to the liquor amnii, bearing, I think, the same relation to the stomach and ingesta that this fluid does to the uterus and fetus in the earlier stages of labor, the former preserves the harmony of gastric contractions during digestion, as does the latter that of uterine contractions during labor. Escape in either instance of gas or liquor amnii will render either process difficult and protracted.

Failure to appreciate the above facts is doubtless the reason why pathologists have not noted habitual expulsion of gas as a factor in deranged digestion. The rôle performed by gas in the digestive process is surely not incidental or without importance, and its habitual expulsion should always demand attention. It is generated for a purpose, and should remain subject to the laws of the economy. The mechanism of the

stomach during digestion warrants the conclusion that when food has been deposited in it, one of the natural conditions would be closure of the orifices, the retained gas sustaining the proper degree of temperature and preserving the harmony of the contractions of the organ by a proper distribution of the peristaltic force. If this be true, the sense of distension is not always indicative of a necessity for belching. Consequently, gas should not be disimprisoned unless there exists an unusual disturbance of the digestive function, and its expulsion except at times of over distension is a palpable violation of the laws of digestion, and will entail upon the violator of those laws the long train of evils attendant upon deranged digestion.

If the above conclusions be well founded, the desire to belch should be resisted so far as may be possible, and from the exercise of this self-control good will follow in several ways:

1. The temperature necessary to a proper performance of digestion will be maintained.
2. The stomach will probably in consequence perform its functions more perfectly and the normal amount only of gas will be liberated during the digestive process, which, escaping by its proper avenue of exit, the pyloric opening, into the intestine, will regulate peristalsis and promote intestinal digestion and absorption. But even when the stomach is unduly distended it will be found, on resisting the inclination to belch, that the organ will soon empty its excess of gas into the intestine, with great relief to the dyspeptic, enough remaining in the stomach by virtue of the rigidity of the pyloric valve for physiological purposes.
3. The proper or normal distension of the stomach is secured, enabling it to perform fully its rhythmic contractions.
4. The disagreeable sensations which always follow eructations in heartburn will be forestalled.

In view of the foregoing considerations, I believe it is not too much to say that an intelligent and persistent suppression of belching during the digestive act will often do more than diet or medicines for the relief of flatulent dyspepsia.

R. M. ALEXANDER, M. D.

BURKSVILLE, KY., NOV. 14, 1883.

SEVEN private schools in Washington, D. C., have been closed by a measles scare.

Selections.

A CASE OF EXOPHTHALMOS WITHOUT GOITRE IN A MAN, at the Sheffield Public Hospital and Dispensary, is reported by Dr. W. R. Thomas, Physician to the Hospital, and Lecturer on Medicine, Sheffield Medical School, in the Medical Press:

This case is interesting, in as much as we but seldom meet with exophthalmos without goitre, and rarely do we find the disease affecting men.

The patient will tell you that his father and mother are alive and well, that one of his brothers died of phthisis, the other is well, that one of his sisters has heart-disease, and the other is enjoying good health. There is no history in the case of any of the ordinary exciting causes—no shock, no excitement, no injury to head, no fright, but the patient, a spring-maker by trade, has frequently, in the course of the day, to lift, by means of a pair of tongs, a very heavy weight of red-hot metal; he is not a strong man, and has to concentrate his whole mind on his work to prevent any injury to himself. The question for our consideration, therefore, is, whether this may be looked upon as a cause in a man who is not strong.

He has always enjoyed good health until lately, but has been a heavy drinker. Eighteen months ago he suffered much from palpitation; he was very cross and irritable, and had a feeling of fullness in the head. Twelve months ago some of his friends noticed that his eyes were becoming very prominent. The previous symptoms continued, and during the last twelve months he has been steadily getting worse. It would be tedious to describe the progress of the case, so I shall simply tell you how I found him when I first saw him.

He complained of quite severe palpitations, which continued all along, but which were increased by excitement or exertion. Frequently, also, he suffered from severe pains in the region of the heart, and, at all times, breathlessness was an ordinary symptom. No cardiac murmurs could be heard. The action of the heart was much accelerated by the slightest excitement. The pulse was permanently frequent, but weak; the skin hot; he had a feeling of fullness and throbbing in his head, was very irritable, often confused, unable to think as well as in health, and could not sleep well at night. What sleep he had was disturbed

sleep. His appetite was very poor, and he was becoming thinner and weaker every day. His hands were in a state of tremor. His eyes were very prominent—so prominent when excited that his friends were frightened at him. The cornea and sclerotic were neither inflamed nor ulcerated. The lids could not be closed; but when asked to look down, the upper eyelids did not follow the movements of the eyes as in health. The retinal vessels seemed rather dilated.

This disease is much more frequently met with among women than men. Gräfe says the relation of males to females is as one to six, and that the disease is more dangerous in men than women. Generally the exophthalmos and cardiac symptoms are accompanied by goitre; so the case, to me, has been an interesting one for these two reasons.

Now, in connection with this case there are certain questions which I think we might with advantage discuss this evening, and I shall be very glad to hear the opinions of the members of this society, more especially of those who have seen the post-mortem appearances.

The first question is, what is the cardiac excitability caused by? Is it due to disease of sympathetic ganglia in the neck, of the ganglia in the heart, or to cerebral disease of any kind? Keith tells us that the lower sympathetic ganglia in the neck, more especially those on the left side, are enlarged, and on being examined microscopically, are found to be altered in structure. Others have described similar appearances. I have seen several cases of this kind in my time, and have noticed that head symptoms in all the cases have been noticed very early; in fact, in the last three cases I have seen the head symptoms have preceded the cardiac. Judging, therefore, from the order of symptoms, and the progress of the cases, I should feel inclined to look out for very central mischief as the prime cause.

The next question is, what is the exophthalmos caused by? Is it owing to the excessive development of fat at the back of the eye, or of cellular tissue, to a dilated state of the veins, or to contraction of certain muscles? In the fibrous tissue which fills up the spheno-maxillary fissure Muller has found involuntary muscular fibers supplied by the sympathetic. These fibers are much more developed in dogs and rabbits. Now Mosler and Landois have produced contractions of these fibers, which Muller named the *musculus orbitalis*, and protru-

sion of the eye by galvanism. Muller has also discovered a small muscle inserted into the upper margin of the upper tarsal cartilage supplied by the sympathetic, which muscle, by its contraction, tends to raise the lid. Now, although the musculus orbitalis, being ill developed in man, may not be able to protrude the eye, may it not in disease become hypertrophied, and when assisted by the partial raising by the musculus palpebralis superior (both supplied by the sympathetic) of the upper eyelid, be able to protrude the eye? If it be protruded by cellular tissue or fat, it is difficult to account for the sinking in of the eye at once after death.

ACUTE PNEUMONIA.—The report of the Collective Investigation Committee on Pneumonia, although only provisional, contains a great deal of interesting matter, and is based upon an analysis of three hundred and fifty cases. (British Medical Journal.) The general result of the pathological inquiry is thus summarized: "We think the evidence before us is insufficient to support the doctrine that pneumonia is a specific fever, whose chief local manifestation is in the lung. Like other respiratory diseases, we find it prevailing in certain states of the weather; and, apart from all else, the great regulator of its frequency is season. It may be taken for certain that it confers no protection upon the individual, but rather an increased liability to future attacks. It appears to have no direct association with any specific or conveyable disease, and its near alliance with tonsillitis is in striking contrast with its infrequency in connection with diphtheria. Instances of pneumonia undoubtedly occur which are apparently 'pythogenic,' but those which have this origin are not otherwise separable, so far as we see at present, from others which are obviously due to exposure. Epidemic pneumonia, as judged of by the cases we are now reporting on, is in part explained by atmospheric conditions, and in part by other agencies generally prejudicial to health."

With the moderate and cautious tone of this report most persons will cordially concur; but the prevalence of erysipelas in connection with sixty-six out of the three hundred and fifty cases is almost lost sight of. It may be well to recall the classification of infectious pneumonia given by M. Germain Sée; (1) malarial pneumonia; (2) erysipelatous pneumonia;

(3) typhoid pneumonia. The first of these factors finds no mention in the report; the second has the striking reference already given; while typhoid fever prevailed in the same district in only twenty cases. The typhoid pneumonia of Professor Sée is, in his opinion, typhoid fever finding its chief expression in inflammation of the lungs. The evidence of contagion is confined to twelve cases; in one case. Dr. Lane, of Bishop's Castle, writes of a wife who was believed to have taken pneumonia from her husband: "I have no doubt that the patient's attack was due to direct infection, she never having left her husband's room, except for a few moments, from the time of his seizure to his death." On this point, additional evidence is much wanted, and, it is to be hoped, will be forthcoming.

One of the most striking facts in the report is the immunity from fatal pneumonia enjoyed by total abstainers. Among this class the deaths were 11.12 per cent; among temperate persons, 18.4; and among the intemperate, 40.5; while, in those suffering from insufficient food, the rate was 26.6. The total mortality in the whole series of cases was 19.4, which strikes us as being very much higher than we can regard as satisfactory.

There is, at the present, too much complacency with our treatment of pneumonia; and there is a very ill-founded, but widely spread impression, that, since the abandonment of venesection, and the employment of expectant treatment, there has been a very great diminution in the mortality from this disease.

That this belief is a mistaken one, is proved by reference to the old statistics, which show that, with excessive venesection, the mortality was from one in 3.5 (Louis), 1 in 5 (Dietl), to one in 6.3 (Grisolle). With large doses of tartar emetic, out of six hundred and forty-eight cases treated by Rasori, one hundred and forty-three died, or 1 in 4.5; with the same drug, Dietl lost only 1 in 5.2; Laennec, only 1 in 10. It is therefore obvious that, if the death-rate in these cases represents fairly the results of modern practice in this country, we have no cause to congratulate ourselves.

In considering the mortality from pneumonia, the age of the patients is of such importance that no conclusions are of any value which do not take it into account; but the analysis under this heading does not explain the mortality. Grisolle laid it

down as a rule that under thirty the deaths were 1 in 14; in this table there were one hundred and eighty-five cases under thirty, with sixteen deaths, or 1 in 11.5. Bennett found the average death rate in the army and navy, under the old plans of treatment, to be 1 in 13. We may assume these to have been healthy men in the prime of life. In the present table there are one hundred and twenty-five cases between twenty and forty, with eighteen deaths, or 1 in 7.

Our object in calling attention to these figures is to awaken practitioners to a sense of the fatality of pneumonia. We believe there is a too general impression that it is a benign disease, and the gravity of cases is only recognized when the serious effects of fatal lesions manifest themselves. Jurgensen has pointed out that the tendency is to death by cardiac failure, and we are now quite well aware of the influence of high temperature on the muscular wall of the heart. Jurgensen's teaching has hitherto found few followers in this country, but, with a mortality of one in five, we are bound to reconsider the bases of our practice.

We can not escape the responsibility for the lives of our patients, if we permit our prejudices to stand in the way of the application of reasonable principles of treatment, and we trust to see the danger of the pneumonic fever more widely realized, and made a vital principle of practice. This idea once grasped, the means used will be efficient, and the thermometer will be made the test of this efficiency.

INFANTILE ERYSIPELAS.—Mr. H. Cripps Lawrence, L. R. C. P., Lond., writes to the *British Medical Journal*:

The etiology of infantile erysipelas is interesting, and it is important to recognize the frequency with which new-born infants develop or contract erysipelas. Cases of idiopathic erysipelas not unfrequently owe their origin to the co-existence of puerperal fever, or of some epidemic influence being in force about the time of birth of infants thus affected. Infantile erysipelas may also occur as an idiopathic expression of a blood-infection, probably pyemic in character. Each of these forms of infantile erysipelas has a special tendency to exhibit a migratory development.

Traumatic origin, however, is more frequently a primary factor in the etiology of infantile erysipelas. Most authors refer to the umbilicus as the almost invariable start-

ing-point of this form; but it is well to recognize the fact that any abraded cutaneous surface on an infant renders its susceptibility to contract erysipelas not only possible, but highly probable, in weak constitutions. Eczema, inter-trigo, and impetigo, simple wounds, injuries to the scalp in forceps-deliveries, cicatrizing vaccine pustules, are also sources through which erysipelas may attack an infant, as well as by a denuded surface exposed by an imperfect separation of the funis, or by an imperfect cicatrization at the umbilicus.

On May 12, 1882, I vaccinated an infant with calf-lymph unsuccessfully; and, on May 20th, with calf-lymph successfully. The vaccination progressed normally until June 15th, when the scabs were separating. An aunt of the infant arrived on this day, from the country, when herself recovering from an attack of erysipelas. She handled the infant that afternoon. Next day, this infant was restless, refused food, and the day after (June 17th), erysipelas commenced in the region of the cicatrices, and spread along the arm and forearm.

On October 5, 1882, another infant was vaccinated by me with calf-lymph, successfully, with normal progress till October 12th; but, on October 16th, well-developed erysipelas developed around the pustules, and spread rapidly over the arm and forearm. The origin in this case is uncertain.

In both cases, severe constitutional disturbance, anorexia, and vital depression, were concomitants; the erysipelas was local, not migratory, as in the idiopathic forms.

Most of the text-books take a pessimist view of the value of treatment, whether internal or local; but, on these points, authors differ greatly. Personally, I would advocate internal treatment, by means of chlorate of potass. with perchloride of iron; and, externally, the employment of cotton-wool, or the *lotio sodæ chloratæ*. It is of paramount importance to direct that the infant be fed, by breast or hand, in small quantities frequently. That, weather permitting, fresh air be obtained in-doors or out of doors daily; and that scrupulous attention be paid to body cleanliness, and to the hygiene of the lying-in room and nursery, both as regards prevention and cure.

ARTIFICIAL INFLATION OF THE LARGE INTESTINE.—Prof. von Ziemssen strongly recommends inflation of the large intestine by carbonic acid for several important pur-

poses. The method is very simple. A rectal tube about six inches long is introduced into the anus and fixed by pressing the nates together, the patient being in a supine position. This tube is connected with a funnel by means of a simple india rubber tube. Solutions are made of five drams of bicarbonate of sodium and about half an ounce of tartaric acid dissolved in water, and the solution of bicarbonate of sodium, or a part of it, is then poured into the intestine, and after it a solution of tartaric acid. Carbonic acid is thus evolved in the intestine, and the whole of the large intestine becomes distended. If the whole of the solutions are poured in at once, the evolution of gas is so sudden as to cause great pain, and it is therefore better to introduce them at three or four times with intervals of several minutes between. In order to prevent the carbonic acid from being developed in the tube itself, it is best to wash the sodium salt into the intestine with a little pure water before introducing the acid. This method is of great service in diagnosis, enabling us to form a definite opinion regarding the position, form, and dilatability of the small intestine, the more or less complete action of the ileo-cecal valve, communication of the colon or rectum with neighboring parts such as the stomach, small intestine, and bladder, or with the surface of the body. Regarding also the position of contractions or obstructions in the intestine, and sometimes also regarding the nature of an impediment to the passage of the feces, one most important use of this method is to diagnose the position of stricture or obstruction of the intestine in cases where it is desirable to operate. It also shows the position of peritoneal adhesions. Usually the ileo-cecal valve closes the small intestine completely, but under deep chloroform narcosis its resistance is lessened. As a therapeutic method, distension by carbonic acid may be used simply to evacuate the bowels, and when this is the case three drams of bicarbonate of sodium will be sufficient. It may also be used in order to remove alterations in position, bends, or twists in the colon, in place of the large enemata which have been recommended for this purpose. Where a twist or obstruction is suspected in the small intestine, a distension under chloroform narcosis may be tried. This method is therapeutically contra-indicated by affections where the resistant power of the intestinal tube is diminished; but practically this contra-indication only exists in typhoid

fever and tuberculosis of the intestine. In other cases of ulceration and malignant disease the author has never seen any injury. After diffuse or circumscribed peritonitis, and especially after perimetritis and perityphlitis, the method is theoretically contra-indicated on account of the tearing of adhesions, but in practice this is, on the contrary, rather advantageous. The tearing of adhesions by the distension of the intestine with gas often causes intense pain, but produces no inflammation; consequently, repeated dilatation with carbonic acid is useful in removing the after-effects of perityphlitis, pericolicitis, and periproctitis.—*Deut. Arch. für Klin. Med.*, p. 235, vol. xxxiii; *Practitioner*.

ON LEAD-POISONING.—Harnack came to the conclusion, from his experiments, that lead was a muscular poison, causing a peculiar loss of irritability of the muscular substance, so that when a muscle was subjected to the action of stimuli at regular intervals, it responded by very unequal contractions, which were sometimes large, sometimes small, and sometimes entirely absent, although the stimulus was of equal strength in each case. A number of experiments have been made by Von Wyss on this subject, and he finds that lead tri-ethyl causes in frogs restlessness, quivering of the whole body, and loss of spontaneous movement, followed by loss of reflex action. The result was exactly the same as that obtained by Harnack but the author thinks that it is simply of complete paralysis of the central nervous system. At this time the muscles of the body were readily irritable, and continued to be so for several hours. After twenty-four hours, when the animal was entirely dead, the muscles presented a peculiar whitish discoloration and stiffness. This appeared earliest, and was most intense in the neighborhood of the injection, and presented the greatest similarity to a weak caustic action, while the general action on frogs was exactly that observed by Harnack; the author could not find any marked evidence of muscular paralysis. The muscles become paralyzed at a very late period after poisoning, and no difference could be detected between the irritability of a poisoned muscle and one from which the poison had been excluded by ligature of the afferent artery. These experiments, therefore, appear to show that lead has no special affinity for the muscles, and is not to be regarded as a muscular poison. On the other hand, the ace-

tate of lead tri ethyl is a powerful poison for frogs, and appears to paralyze the central nervous system. When lead is administered to frogs internally in increasing doses the animals die with epileptic convulsions. These facts appear to indicate that lead has a tendency to affect the central nervous system rather than the muscles, and that the cause of lead poisoning is to be sought in an affection of the nervous system rather than of the muscles.—*Virchow's Archiv*, vol. 92, May, 1883; *Practitioner*.

FRACTURE OF THE PATELLA.—The treatment of fracture of the patella has been under discussion at the Société de Chirurgie much about the same time as the debate at the London Societies. (*Lancet*.) M. Beauregard has performed the operation of osseous suture on a man, aged thirty-four, the day after the accident, which was due to a kick from a horse. The result was not very good. A considerable degree of ankylosis remained, which seemed to be due to extensive adhesions formed as a result of the inflammation set up in the joint. The small size of the lower fragment of the patella was also thought to have influenced the result. M. Chauvel had collected forty-three cases of the operation in question. Four of these had been performed without antiseptics before 1877. In two thirds of the total number of cases the bony suture was performed soon after the accident. The operation was not always easily carried out. Sometimes one, sometimes two sutures were used. Metallic wires seemed to be preferred. In twenty cases a notable degree of inflammation was set up, but without causing further disturbance. Thirteen times no mischief was excited about the joint; osseous union was certainly obtained fourteen times, and twenty-four times out of thirty-one, consolidation of the fracture was said to be good. Out of thirty-eight cases, twenty-eight were good results, and ten were not successful. Three deaths were recorded, two from septicemia, and one from carbolic acid poisoning. In one case amputation of the leg was performed. In the discussion which followed the paper, of which the above are the main features, several surgeons took part, but nothing was said which would be new to our readers.

FOUR CASES OF CONGENITAL DISLOCATION OF BOTH FEMORA were shown by Mr. G. Cowell, at a late meeting of the Royal Med-

ical and Chirurgical Society of London, and Mr. Cowell made the following remarks: "In all, the characteristic symptoms were present; the flattened nates, the high trochanters, the lordosis with prominent abdomen, and the peculiar waddling gait. It was interesting to notice how well children were able to accommodate themselves to altered conditions, and to continue locomotion fairly, comfortably even, with such serious malformation. How far a new joint might have been formed, it was impossible for him to say. The number of such cases was much larger in girls than boys, in the ratio of about 28 to 8; of that, he thought no satisfactory explanation had been given. It was at one time supposed that it was because the dislocation occurred during labor, and was due to the greater breadth of the female pelvis as compared with the male. But, in the first place, he regarded these as dislocations *in utero*, before birth; and, in the second place, he believed it had been shown that the female pelvis was rather smaller at birth than the male. They were sometimes ascribed to breech-presentations; but of these four cases, only one had been born in this way. He considered it, not as an arrest of the growth of the femur, but as the result of an acetabulum, abnormally shallow from malformation, as has been shown in some dissections.

ORIGIN OF VACCINE.—At the Académie de Médecine, of Paris, a member read a paper on the origin of vaccine, the conclusions of which are as follows (*The Medical Press*): No animals can be considered as vaccinogene, neither the horse nor the cow create, the one the horse-pox, the other the cow-pox; both, in order to furnish a crop of vaccine matter, must have previously received the germ, and this germ is nothing else than smallpox admitted into the organism of these animals when its virus is attenuated and transformed into what is called "vaccine." This modification is less pronounced in the horse than the cow.

A NEW TREATMENT FOR NEURALGIA.—The latest agent introduced for the relief of neuralgia is a one-per-cent solution of hyperosmic acid, administered by subcutaneous injection. (*Lancet*.) It has been employed in Billroth's clinic in a few cases. One of the patients had been a martyr to sciatica for years, and had tried innumerable remedies, including the application of

electricity no fewer than two hundred times, while for a whole year he had adopted vegetarianism. Billroth injected the above remedy between the tuber ischii and trochanter, and within a day or two the pain was greatly relieved, and eventually quite disappeared. It would be rash to conclude too much from these results, in the face of the intractability of neuralgiae to medication; but if it really prove to be as efficacious as considered, hyperosmic acid will be a therapeutic agent of no mean value.

CASES OF THICKENED EPIDERMIS TREATED BY SALICYLIC PLASTER. (Clinical Society of London; Medical Press report).—Dr. Thin gave an account of cases of thickened epidermis treated by salicylic gutta-percha plaster. The plaster which he used is manufactured by Herr Beiersdorf, Hamburg, at the suggestion of Dr. Unna, who has introduced it into practice.

CASE I. which he related was that of an adult man, in whom a tendency to extreme tylosis of the soles and palms is hereditary. The palms and soles in this man's case were covered with an extremely thick and hard epidermis, and had been for many years in this condition, the affection having resisted very varied methods of treatment. The treatment by the plaster was in the first instance recommended by Dr. Unna, and the author simply continued Dr. Unna's treatment. Under the use of the salicylic plaster, which was kept constantly applied by means of bandages, and changed every third or fourth day, the hard layer of epidermis came off in one mass, leaving a delicate, rose-colored epidermis behind it. There was neither pain nor inconvenience connected with the use of the plaster, and the patient, a business man actively employed, was able to follow his usual avocation without interruption.

CASE II. A gentleman, aged seventy-two years, who had always been healthy, was unable to walk for a period of six or seven months, on account of an attack of sciatica. When the sciatica was relieved he somewhat suddenly resumed his professional employment in the city which, at the time, involved a good deal of walking on the hard pavement. The result was that the soles of both feet became hot and tender, and after a few weeks the skin of the ball of each foot became hard and horny. When he consulted the author this condition had lasted for about seven years, and gave rise to much pain and discomfort.

The whole of the surface of the ball of one foot and part of the surface of the other was covered with a layer of epidermis of extreme hardness. In this hard layer there were small, isolated horny formations of the nature of corns, which produced the same sensation as if the patient were walking on shot, or small, hard stones. The first treatment recommended was the application of strong solutions of potash and scraping with a sharp spoon, and wearing a horse-hair pad in a large boot. This alleviated the condition, but the application required to be frequently repeated. The salicylic plaster relieved the condition for several months at a time.

CASE III. In a gentleman aged forty-three, the palmar surface of the right fore finger had been covered for years by a thick, hard, fissured epidermis. After this morbid formation had been removed by the salicylic plaster, the skin of the finger had remained normal when the patient was seen by the author, nine months afterward.

CASE IV. A gentleman, aged forty, had suffered from the condition of his heels for about twenty years. It had begun by the skin being red, tender, and scaly, and the hardness had gone on progressively increasing. The condition had been on several occasions mistaken for syphilis, and among other methods of treatment which had been employed in vain, several anti-syphilitic courses were to be reckoned. When seen by the author, the skin of both heels was covered by thick, hard, horny, uneven masses, which rendered walking very painful. Solutions of potash and a scraper, which were first recommended, had been used faithfully for a year almost daily, but with only temporary alleviation. When the author became acquainted with the specific action of the salicylic plaster, it was recommended to the patient. Although by its use the tendency to horny formation is not removed, yet the hard masses have been completely got rid of, the patient can walk with comfort, and with the occasional use of the plaster the fresh formation of hard masses is avoided. The author regards the condition of which these cases are examples as being essentially allied to eczema. The formative power of the epithelium is injured, mechanically or otherwise, and an imperfectly formed epidermis results. By its solvent power on horny epidermis, salicylic acid incorporated with gutta-percha, as in Beiersdorf's plaster, frees the skin from an adherent irritating

mass, and the deeper layers of the rete mucosum are placed in more favorable conditions for regaining their physiological properties.

Mr. Butlin said that Mr. Thomas Smith had employed salicylic acid to remove a wart on his own person, the unhealthy appearance assumed by the growth having caused him much uneasiness by its resemblance to an epithelioma. Since this experience the remedy had been used with some success in cases of ulcerating carcinoma, rodent ulcer, etc. In a case of epithelioma of his own, however, he (Mr. Butlin) had not employed the salicylic acid, having agreed with Mr. Smith that, though it might prove of service, yet his duty to the patient demanded more positive and reliable immediate treatment. Hitherto he had known of no real example of epithelioma so cured, and was disappointed at not hearing from Dr. Thin that such results had been obtained.

Mr. M. Baker described a case occurring in the syphilitic female ward at St. Bartholomew's Hospital, in which a number of warts were reduced by an application of a cream of salicylic acid and vaseline. He thought the preparation used by Mr. Smith resembled the "corn solvene" sold in shops, which consisted of a saturated solution of the acid in collodion.

BRAIN TUMOR.—Dr. Fischel presented to the St. Louis Medico Chirurgical Society a specimen, with the following remarks: It is a small tumor taken from the anterior portion of the pons Varolii. I think there are very few cases on record having a tumor as large as that in the brain substance.

The patient, twenty-nine years of age, had been ailing two or three weeks. He had continuous headache. He was pale and cachectic when I saw him, five days previous to his death. I got, as far as possible, the history of the case from the patient; he said that he had continuous pain, had been under treatment, and his physician said he had a malarial trouble. The pain was over the entire head. The stomach was irritable, and the patient frequently vomited. I made a physical examination to determine, if possible, the cause of the irritability, and didn't succeed in doing so; there was no tenderness in the region of the stomach; the tongue was clean; there was desire for food, but inability to retain it. The patient did not suffer from any want of sensibility, nor did he suffer mentally; his mind was

clear. Though he did not go down to business, his affairs were reported to him daily, and he was still able to judge of all that was taking place. This irritability of the stomach, which I was unable to ascribe to any stomach trouble, made me suspicious. The temperature and pulse were about normal; the pulse perhaps a little slow, between sixty and seventy. I told the patient and his wife I thought it was more serious than malaria. The cause of the trouble was not diagnosed, and till two days previous to death there was little change. The pulse and temperature remained normal; the irritability of the stomach continued. Forty-eight hours before his death he became comatose, and remained so till he died. So far as I could learn there was no apoplectic attack; although he might have experienced one during the night, when his wife was not conscious of it. There was no paralysis in either extremity. On making the post-mortem we found the white matter at the base of the brain exceedingly soft, pultaceous. It could not be cut into at all, it simply fell apart; if you touched it, it fell apart; the ventricles contained a great deal of serum. On cutting through the pons we found this tumor. The substance of the pons seemed perfectly normal. The tumor was imbedded in it, but came out easily.

QUININE IN SERPENT BITES.—Dr. H. H. Vuke writes, in the St. Louis Courier of Medicine: Two months ago I was called to see —, aged thirteen, who was bitten by a rattlesnake twenty-five minutes before my arrival. I found patient in great excitement, pulse very frequent. I added one dram of quinine to one and a half pints of whisky, and gave this within two hours. This case demonstrated the immunity which snake bite gives to the effects of whisky. This boy of thirteen took more than one and a half pints of whisky, and showed no signs of intoxication. But the most noteworthy circumstance was that one dram of quinine, taken within two hours, did not produce cinchonism, proving that the poison of a rattlesnake is antagonistic to the effects of quinine. There were no alarming constitutional disturbances. The bite was on the little finger, by a snake of six rattles. Some minutes after the accident he tied a handkerchief firmly around the wrist. When I saw him the finger was swollen and purple, and the entire hand somewhat so. I made a free incision into the finger, over the bite, and applied pure carbolic acid. The next morning the entire

hand and arm were much swollen; the skin presented a mottled appearance, and the epidermis was raised on several places. Gradually the swelling subsided, the epidermis peeled off; recovery took place rapidly.

In view of the above, I arrive at the conclusion that if a serpent bite offers protection against the effects of quinine, quinine may offer protection against the effects of a serpent bite. If this conclusion be a logical one, I hope that those of my colleagues who meet with cases of serpent bites frequently will give the subject due consideration, and through further experiments ascertain whether quinine may not, have control over this poison. Should it be established that it does, it can serve as a substitute for whisky, and a valuable remedy is added to the therapy of serpent bites; for there can be but little doubt that *more persons are killed by the enormous amount of whisky they take, when bitten by a snake, than from the bite itself.*

IODOFORM IN THE TREATMENT OF OPHTHALMIA.—Iodoform is finding favor among German oculists in the treatment of certain ophthalmic affections, and notably catarrhal conjunctivitis, purulent conjunctivitis, and the granular form. (Medical Press.) Encouraged by the success obtained, M. St. Martin, of the Quinz Vingts, Paris, adopted the treatment in palpebral granulations, with consecutive vascular pannus, cicatrices of the cornea, and keratitis, and was well satisfied with the result. The effect of the agent in the last named affection was "marvelous." The iodoform was employed with vaseline, equal parts of each, and introduced into the *cul-de-sac* of the eye affected. The eyelids were then closed and covered with a piece of fine linen and cotton wool, the whole maintained by a flannel bandage, and left in that position until the following day. In a case of double pannus of long standing, six weeks sufficed for a cure, all trace of cicatrix disappeared at the end of three months. That form of keratitis known as keratitis *en candellette* yielded in a rapid manner to the treatment. Out of twenty-one patients, eighteen got completely and rapidly well without relapse, the three others recovered, but less promptly. In the case of diffused keratitis, the pomade seemed to have little or no effect.

[Iodoform is an abomination of no *proved* therapeutic power.]

HYPOGASTRIC LITHOTOMY.—At the Société de Chirurgie, Paris, M. Perrier com-

municated three cases of hypogastric lithotomy; one was a man of fifty-seven, the second was seventy-seven, who had already been three times lithotomized, and the third a young man of thirty. The three operations succeeded to his entire satisfaction. Twice already he had had recourse to the same method, with one failure, the patient succumbed not, however, to the result of the operation, but from a renal abscess. Never was there the slightest symptoms of peritonitis, and the wounds healed in from twenty to twenty-eight days. The procedure of M. Perrier is as follows: Introduction of the *sonde à rubinet*, dilatation of the bladder, ligature of the penis, introduction of the rectal balloon, incision of the skin and cellular tissue of the hypogastric region a little to the left of the linea alba, incision of the bladder, extraction of the calculus, syringing of the urinary receptacle, drainage and suture. The bladder is washed with a solution of boric acid, and the drainage is effected by two or three large tubes attached to each other. M. Despres considered that the operation was very complicated.

PATHOGNOMONIC SIGN OF FRACTURE OF THE NECK OF THE FEMUR.—Prof. Bezzi, after showing, in the *Spallanzani*, the difficulties and uncertainties which often attend the diagnosis of this accident, observes that at the Milan Hospital a traditional practice exists of exploring, whenever fracture of the neck of the femur is suspected, the short space between the trochanter and the crest of the ilium. In place of the considerable resistance which is there produced in the sound limb through the tension of the tensor *faciæ latae* there is found, when the injury has occurred, a deep depression, due evidently to the diminution in the tension of this muscle, owing to the approximation of its points of attachment.—*Prèsse Méd. Belge; Practitioner.*

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from December 8, 1883, to December 15, 1883.

McKee, J. C., Major and Surgeon, assigned to duty as Medical Director, Department of the Columbia. (G.O. 31, Dept. of the Columbia, December 3, 1883.) *Shufeldt, Robert W.*, Captain and Assistant Surgeon, now on sick leave, relieved from duty in the Dept. of East, and assigned to temporary duty in the office of the Surgeon-General of the army. (Par. 12, S.O. 284, A.G.O., December 12, 1883.)